Complete Summary

GUIDELINE TITLE

Preventive health care, 2000 update: prevention of child maltreatment.

BIBLIOGRAPHIC SOURCE(S)

MacMillan HL. Preventive health care, 2000 update: prevention of child maltreatment. CMAJ 2000 Nov 28;163(11):1451-8. [44 references] PubMed

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Child maltreatment, including physical abuse, neglect, sexual abuse, and emotional abuse

GUIDELINE CATEGORY

Prevention

CLINICAL SPECIALTY

Family Practice
Pediatrics
Preventive Medicine

INTENDED USERS

Advanced Practice Nurses
Allied Health Personnel
Nurses
Physician Assistants

Physicians
Students

GUIDELINE OBJECTIVE(S)

- To make recommendations for programs for primary prevention of child maltreatment (physical abuse, neglect, sexual abuse, and emotional abuse) in the periodic health examination of Canadian children and adults. This is an update of the 1993 Canadian Task Force guidelines.
- To review interventions focused on preventing child maltreatment, whether directed at the general population or at high-risk individuals or groups.

Note: The original document does not include programs aimed at "tertiary prevention", also referred to as clinical services, for cases in which the child or family has experienced abuse and the emphasis is on preventing recurrence or progression.

TARGET POPULATION

Infants and children

INTERVENTIONS AND PRACTICES CONSIDERED

Screening methods:

1. Staff-administered checklists (Family Stress Checklist and Dunedin Family Services Indicator)
2. Self-administered questionnaires (Child Abuse Potential Inventory, Michigan Screening Profile of Parenting, Adult Adolescent Parenting Inventory, and Parent Opinion Questionnaire)
3. Standardized interviews
4. Use of risk indicators for physical and sexual abuse and neglect

Preventive measures: Perinatal and early childhood programs

1. Hospital support
2. Home visitations
3. Comprehensive health care programs
4. Parental training programs
5. Educational programs for children, parents, and teachers

MAJOR OUTCOMES CONSIDERED

General

- The occurrence of one or more of the subcategories of physical abuse, sexual abuse, neglect or emotional abuse
- The sensitivity and specificity of tests
- Adverse events of testing

Screening and preventive maneuvers

- Identification of individuals at risk of experiencing or committing child maltreatment
- Decreased incidences of injuries and ingestions
- Improved knowledge and prevention skills for parents and children
- Reduced number of out-of-home placements
- Increased incidences of disclosure of victimization were measured

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

A search for studies on the prevention of child maltreatment published between 1993 and February 1999 was conducted using the following databases: MEDLINE, HealthSTAR, PSYCINFO and ERIC. For MEDLINE and HealthSTAR the search terms included "child abuse," "incest" and "battered child syndrome" with "prevention and control" as well as "child abuse" combined with "statistics and numerical data," "etiology" and "epidemiology." The type of publication was limited to original research articles, reviews, meta-analyses and practice guidelines. For PSYCINFO the search terms included "child abuse," "child neglect," "battered child syndrome" or "incest" combined with "prevention" or "screening" and limited to "experimental design," "meta-analysis" or "literature review." ERIC was searched with the terms "child abuse" and "child neglect" and limited to "literature review."

Additional literature searches were conducted using the database Current Contents (1993-1999) using the key word "child abuse," "child neglect," "battered child syndrome" or "incest" combined with "prevention" or "screening."

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Quality of evidence was rated according to 5 levels:

I - Evidence from at least 1 properly randomized controlled trial.

II-1 - Evidence from well-designed controlled trials without randomization.

II-2 - Evidence from well-designed cohort or case-control analytic studies, preferably from more than 1 centre or research group.

II-3 - Evidence from comparisons between times or places with or without the intervention. Dramatic results in uncontrolled experiments could also be included here.

III - Opinions of respected authorities, based on clinical experience, descriptive studies or reports of expert committees.

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

The task force, comprising expert clinicians and methodologists from a variety of medical specialties, used a standardized evidence-based method for evaluating effectiveness. The guideline describes the methodology and review process in more detail and provides definitions of the grades of recommendations.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Grades of Recommendation:

A. Good evidence to support the recommendation that the condition or maneuver be specifically considered in a periodic health examination.
B. Fair evidence to support the recommendation that the condition or maneuver be specifically considered in a periodic health examination.
C. Insufficient evidence regarding inclusion or exclusion of the condition or maneuver in a periodic health examination, but recommendations may be made on other grounds.
D. Fair evidence to support the recommendation that the condition or maneuver be specifically excluded from a periodic health examination.
E. Good evidence to support the recommendation that the condition or maneuver be specifically excluded from a periodic health examination.

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Comparison with Guidelines from Other Groups
External Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

The members of the Canadian Task Force on Preventive Health Care reviewed the findings of this analysis through an iterative process. The task force sent the final review and recommendations to two selected external expert reviewers, and their feedback was incorporated. It was then peer-reviewed as part of the journal publication process.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Recommendation grades [A, B, C, D, E] and levels of evidence [I, II-1, II-2, II-3, III] are indicated after each recommendation. Definitions for these grades and levels of evidence are repeated following the recommendations.

- There is further evidence of fair quality to exclude screening procedures (checklists, questionnaires, or interviews) aimed at identifying individuals at risk of experiencing or committing child maltreatment (Brayden et al., 1993; Center on Child Abuse Prevention Research, National Committee to Prevent Child Abuse, 1996; McCurdy, 1995) [D, II-2, III].
- There is good evidence to continue recommending a program of home visitation during the perinatal period extending through infancy to prevent child abuse and neglect for disadvantaged families (Olds, Henderson & Kitzman, 1994; Olds et al., 1997; Kitzman et al., 1997) [A, I]. The strongest evidence is for an intensive program of home visitation delivered by nurses beginning prenatally and extending until the child's second birthday.
- There is insufficient evidence to recommend a comprehensive health care program (Brayden et al., 1993) [C, I], a parent education and support program (Britner & Reppucci, 1997) [C, II-1], or a combination of home-based services, including case management, education and psychotherapy (Huxley & Warner, 1993) [C, II-1] as a strategy for preventing child maltreatment, but these interventions may be recommended for other reasons.
- There is insufficient evidence to recommend education programs of children for the prevention of sexual abuse (Wurtele & Owens, 1997; Telljohann, Everett, & Price, 1997; Bogat & McGrath, 1993; Sarno & Wurtele, 1997; Tutty, 1997; Randolph & Gold, 1994; Oldfield, Hays, & Megel, 1996) [C, I].

Definitions:

Grades of Recommendation:

A. Good evidence to support the recommendation that the condition or maneuver be specifically considered in a periodic health examination (PHE).
B. Fair evidence to support the recommendation that the condition or maneuver be specifically considered in a PHE.

C. Poor evidence regarding inclusion or exclusion of the condition or maneuver in a PHE, but recommendations may be made on other grounds.
D. Fair evidence to support the recommendation that the condition or maneuver be specifically excluded from consideration in a PHE.
E. Good evidence to support the recommendation that the condition or maneuver be specifically excluded from consideration in a PHE.

Levels of Evidence:

I - Evidence from at least 1 properly randomized controlled trial (RCT).

II-1 - Evidence from well-designed controlled trials without randomization.

II-2 - Evidence from well-designed cohort or case-control analytic studies, preferably from more than 1 centre or research group.

II-3 - Evidence from comparisons between times or places with or without the intervention. Dramatic results in uncontrolled experiments could also be included here.

III - Opinions of respected authorities, based on clinical experience, descriptive studies or reports of expert committees.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

REFERENCES SUPPORTING THE RECOMMENDATIONS

References open in a new window

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

Maneuver: Screening procedures (checklists, self-administered questionnaires, standardized interviews or clinical judgment) used to identify families at high-risk for child maltreatment.
Level of Evidence:
Two cohort studies (II-2)
One cross-sectional survey (III)

Maneuver: Home visitation by nurses during perinatal period through infancy for first-time mothers of low socioeconomic status, single parents or teenage parents.
Level of Evidence:
Three randomized controlled trials (I)

Maneuver: Comprehensive health care program.
Level of Evidence:
One randomized controlled trial

Maneuver: Parent education and support program.
Level of Evidence:
One controlled trial

Maneuver: A combination of home-based services, including case management, education and psychotherapy.
Level of Evidence:
One controlled trial

Maneuver: Programs for children aimed at preventing sexual abuse and abduction.
Level of Evidence:
Seven randomized controlled trials (I)

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Two randomized controlled trials showed a significant reduction in the incidence of childhood maltreatment or outcomes related to physical abuse and neglect among first-time disadvantaged mothers and their infants who received a program of home visitation by nurses in the perinatal period extending through infancy.
- Evidence remains inconclusive on the effectiveness of a comprehensive health care program, a parent education and support program, or a combination of services in preventing child maltreatment.
- Education programs designed to teach children prevention strategies to avoid sexual abuse show increased knowledge and skills but not necessarily reduced abuse.
- It is expected that a reduction in incidence of child maltreatment and other outcomes will lead to substantial government savings.

POTENTIAL HARMS

Because of the high false-positive rates of screening tests for child maltreatment and the potential for mislabeling people as potential child abusers, the possible harms associated with these screening maneuvers outweigh the benefits.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

Implementation of preventive activities in clinical practice continues to be a challenge. To address this issue, Health Canada established a National Coalition of Health Professional Organizations in 1989. The purpose was to develop a strategy to enhance the preventive practices of health professionals. Two national workshops were held. The first focused on strengthening the provision of preventive services by Canadian physicians. The second addressed the need for collaboration among all health professionals. This process led to the development of a framework or "blueprint for action" for strengthening the delivery of

preventive services in Canada (Supply and Services Canada: an Inventory of Quality Initiatives in Canada: Towards Quality and Effectiveness. Health and Welfare Canada, Ottawa, 1993). It is a milestone for professional associations and one that will have a major impact on the development of preventive policies in this country.

In 1991 the Canadian Medical Association spearheaded the creation of a National Partnership for Quality in Health to coordinate the development and implementation of practice guidelines in Canada. This partnership includes the following: the Association of Canadian Medical Colleges, the College of Family Physicians of Canada, the Federation of Medical Licensing Authorities of Canada, the Royal College of Physicians and Surgeons of Canada, the Canadian Council on Health Facilities Accreditation, and the Canadian Medical Association.

The existence of guidelines is no guarantee they will be used. The dissemination and diffusion of guidelines is a critical task and requires innovative approaches and concerted effort on the part of professional associations and health care professionals. Continuing education is one avenue for the dissemination of guidelines. Local physician leaders, educational outreach programs, and computerized reminder systems may complement more traditional methods such as lectures and written materials.

Public education programs should also support the process of guideline dissemination. In this context, rapidly expanding information technology, such as interactive video or computerized information systems with telephone voice output, presents opportunities for innovative patient education. The media may also be allies in the communication of some relevant aspects of guidelines to the public. All of these technologies should be evaluated.

The implementation of multiple strategies for promoting the use of practice guidelines requires marshaling the efforts of governments, administrators, and health professionals at national, provincial and local levels. It is up to physicians and other health professionals to adopt approaches for the implementation of guidelines in clinical practice and to support research efforts in this direction.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

MacMillan HL. Preventive health care, 2000 update: prevention of child maltreatment. CMAJ 2000 Nov 28;163(11):1451-8. [44 references] PubMed

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1993 (updated 2000)

GUIDELINE DEVELOPER(S)

Canadian Task Force on Preventive Health Care - National Government Agency [Non-U.S.]

SOURCE(S) OF FUNDING

The Canadian Task Force on Preventive Health Care is funded through a partnership between the Provincial and Territorial Ministries of Health and Health Canada.

GUIDELINE COMMITTEE

Canadian Task Force on Preventive Health Care (CTFPHC)

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline. This guideline updates and replaces previous recommendations published by the Canadian Task Force on Preventive Health Care (CTFPHC) (MacMillan HL, MacMillan JH, Offord DR, with the Canadian Task Force on the Periodic Health Examination. Periodic health examination, 1993 update: 1. Primary prevention of child maltreatment. CMAJ 1993;148[2]:151-63).

A complete list of planned reviews, updates and revisions is available under the What's New section at the CTFPHC Web site.

GUIDELINE AVAILABILITY

Electronic copies: Available from the Canadian Task Force on Preventive Health Care (CTFPHC) Web site.

Also available from the from the Canadian Medical Association Journal (CMAJ) Web site in HTML and Portable Document Format (PDF).

Print copies: Available from Canadian Task Force on Preventive Health Care, 100 Collip Circle, Suite 117, London, Ontario N6G 4X8, Canada.

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- Stachenko S. Preventive guidelines: their role in clinical prevention and health promotion. Ottawa: Health Canada, 1994. Available from the Canadian Task Force on Preventive Health Care (CTFPHC) Web site.
- CTFPHC history/methodology. Ottawa: Health Canada, 1997. Available from the CTFPHC Web site.
- Quick tables of current recommendations. Ottawa: Health Canada, 2000. Available from the CTFPHC Web site.

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on October 15, 1999. The information was verified by the guideline developer on November 30, 1999. This summary was updated by ECRI on March 29, 2001. The updated information was verified by the guideline developer as of June 1, 2001.

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